

# Late Independent Expenditure Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

|   |                    |   |   |   |   |
|---|--------------------|---|---|---|---|
| <b>NAME OF FILER</b><br>California's Future PAC |                    |   | <b>Date of This Filing</b> 09/09/2003<br><br><b>Report No.</b> 3<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | <b>Date Stamp</b><br><br><br><br><br><b>Page 1 of 2</b> | <b>CALIFORNIA FORM 496</b><br><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(818)260-0669  |                    | <b>I.D. NUMBER (if applicable)</b><br>1254566 |   |   |   |
| <b>STREET ADDRESS</b>                           |                    |   |   |   |   |
| <b>CITY</b><br>Burbank                          | <b>STATE</b><br>CA | <b>ZIP CODE</b><br>91502                      |   |   |   |

## 1. List Only One Candidate or Ballot Measure

|   |                |               |   |  |                |                    |
|---|----------------|---------------|---|--|----------------|--------------------|
| <b>NAME OF CANDIDATE SUPPORTED OR OPPOSED</b> |                |               | <b>NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED</b><br>Classification by Race, Ethnicity, Color or National Origin |  |                |                    |
| <b>OFFICE SOUGHT OR HELD/DISTRICT NO.</b>     | <b>SUPPORT</b> | <b>OPPOSE</b> | <b>BALLOT NO./LETTER</b><br>54  | <b>JURISDICTION</b><br>State of California | <b>SUPPORT</b> | <b>OPPOSE</b><br>X |

## 2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

| DATE       | DESCRIPTION OF EXPENDITURE       | AMOUNT     |
|------------|----------------------------------|------------|
| 09/09/2003 | Voter Data Files                 | \$200.00   |
| 09/09/2003 | Mailer Design, Printing, Postage | \$3,999.66 |
|            |                                  |            |
|            |                                  |            |
|            |                                  |            |
|            |                                  |            |

Reason for Amendment:

# Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

**CALIFORNIA**  
**FORM** **496**

NAME OF FILER

I.D. NUMBER (If applicable)

## 3. Contributions of \$100 or More Received\*

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE**   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED | INTEREST RATES                                    |
|---------------|---|--|---|-----------------|---|
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 | If loan,<br>enter interest rate, if any<br>_____% |

\*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

\*\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC  
 866/275-3772